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Care and Caring: An Ecological Framework

Abstract

This paper proposes a framework to guide research and analysis of informal care building on and developing earlier ideas about ‘caringscapes’ and ‘carescapes’. We use the metaphor of a ‘care ecology’ to suggest an overarching framework in which individuals’ ‘caringscapes’ are viewed as dynamically interacting with the resources and services of a ‘carescape’. We start by summarising the main features of the caringscape and carescape frameworks, and then explore possible forms of interaction in the ‘care ecology’. First, we discuss the processes of reciprocation, ‘entrainment’ and care accounting through which people use or develop social networks to provide informal care support as resources and needs for care change. We examine the links between formal and informal care and suggest how these may assist organisation and re-organisation of care and encourage small, localised innovations, adaptations and initiatives which may create new forms of institutionalised or community support or spur wider political activism. We conclude by discussing the concept of a ‘care ecology’.

Introduction

This paper proposes a framework to guide research and analysis of informal care building on and developing earlier ideas about ‘caringscapes’ and ‘carescapes’ (McKie *et al* 2002; McKie *et al* 2009; Bowlby *et al* 2010). We use the metaphor of a ‘care ecology’ to suggest an overarching framework in which individuals’ ‘caringscapes’ are viewed as dynamically interacting with the resources and services of a ‘carescape’. We argue that such an approach could be valuable in understanding changes to informal care practices in neo-liberal austerity.

Our approach resonates with ideas developed as part of the ‘relational turn’ in human geography. In particular, the idea of space as ‘*made up of* relations’ between bodies, object and spaces (Hall and Wilton 2017: 2), deriving from the work of Massey (2002) and others. Such relations are envisaged as intrinsically dynamic and potentially fluid but also as shaped by and shaping long term patterns of power inequalities. One focus has been on affect and emotion. Resultant theoretical and empirical research has been concerned with the scale of interpersonal relationships with others, objects and environments. Another focus has been on the articulation of social relationships in particular places through complex networks of power relations operating through different temporalities and spatialities (Andrews *et al* 2013). Both of these sets of ideas have informed our thinking.

Across the global north neo-liberal reforms of the last 40 years have led to the outsourcing of state care services to the private or not-for-profit sector. This has been accompanied by a belief that those in need of care, especially the elderly, should be cared for at home if possible (Milligan 2000). In the UK these moves, along with an aging population, improved medical care for those with chronic conditions and neo-liberal austerity cuts in state funding have intensified pressure on informal carers (CQC 2017).

The austerity cuts in local government funding for welfare services fall heavily on the poor (Hastings *et al* 2017). In the UK there are per capita reductions in funding of the state care sector, profitability problems in the private sector and reductions in the not-for-profit care sector (Clifford 2017). Since 2008, for the poorest households in the UK, incomes have remained the same or declined (Cribb *et al.* 2017). This trend, along with benefit reductions and growth in labour market insecurity has placed

substantial challenges on family care resources. Paying for formal care is out of the reach of many (Belfield et al. 2016; Fraser 2016). Thus demographic change, service rationing, declines in time spent with service recipients and loss of services have created increased demand for informal care.

The push for individuals to train for or seek employment has intensified. Raffass (2017, 349) identifies this ‘activation turn’ and increasingly coercive welfare to work policies as a ‘mechanism of entrapment’ for many people (and many women) in the ‘margins of liberalised labour markets’. Women are enmeshed in gendered expectations to script and carry out care for family members, whilst also doing paid work to enable access to goods, services and benefits (Fraser 2016). These shifts have re-emphasised the interdependencies of formal care provision and informal care activities and impact differentially social classes, white, black and ethnic minority groups, and localities (Jupp 2016). Family break up and reformation, along with patterns of migration have dispersed potential members of informal care networks (ONS 2017). Communication technologies offer possibilities for virtual support but much care requires co-presence. The social care needs of the frail elderly, chronically-ill relatives and friends, and children and youth, have become a pressing challenge for governments, local authorities, families, and most especially women. But the current care crisis continues to be managed through ‘financialized capitalism’s rapacious subjugation of reproduction to production’ (Fraser 2016, 117).

Our concern is the need to focus research and engagement efforts on the *overall impact* of changes in care services on practices of *informal care*. We start by summarising the main features of the *caringscape* and *carescape* frameworks. We then explore, first, how people may use or develop social networks to provide informal care support and, second, how they may create new institutionalised support. In the penultimate section we offer our ‘care ecology’ framework to suggest how caringscapes and carescapes interact and consider how this might aid analysis.

Caringscapes and carescapes

Temporal and spatial dimensions of living and working

Geographers and urban scholars have long emphasised the importance of time and space to the organisation of everyday activities (for example, Hagerstrand 1970;

Thrift 1996; Lefebvre 1992; Massey 2002). Many contributions have highlighted the significance of the everyday scheduling of activities but have also stressed how interactions of patterns of activity, built form and technologies developed over many years create the taken-for-granted everyday ebb and flow of human actions. In addition, there has also been significant writing on the role of memory (Jones and Garde-Hansen 2012), emotion and affect (Ahmed 2004), and representations of places and peoples (Anderson *et al* 2003) which have enriched our analyses of how everyday spaces, times and activities are experienced and understood.

In thinking about the organisation of informal care we drew on this wider literature as well as that on care to bring together understandings of the ethical, cultural, emotional and economic significance of everyday informal care activities, with research on the lifecourse (Bowlby *et al* 2010) and the diversity of temporalities (Adam 2006) and spatialities (Massey 2002) that affect the organisation of care activities. Our starting point was thinking about how the social organisation of informal care interacts with the organisation of individuals' livelihood activities over their lifecourse. This remains our central concern.

Caringscapes

Informal caring, critical to human flourishing and evident across many aspects of women's lives, is captured in *caringscapes* (McKie *et al* 2002). It argues that individual caring practices need to be envisaged as created and re-created in the context of many temporalities (such as the temporality of the lifecourse, body, employment career) or mobilities and also of many spatialities – such as attachment to place, the mobilities of people, capital & finance and the spaces of governance. Eight propositions focus analysis emphasising that informal caring: i) is a social / relational activity embedded in notions of obligation and reciprocity; ii) is an ethical activity involving norms of behaviour; iii) involves relationships of unequal power; iv) is an embodied activity; v) necessarily involves processes that connect across time-space; vi) involves use of resources, including time and space to care; vii) involves links to past and anticipated future caring relationships; viii) must be co-ordinated with other actual or anticipated aspects of people's lives. Elsewhere we have illustrated the diverse ways in which this approach illuminates practices of informal caregiving (Bowlby *et al* 2010).

Carescapes

The framework of *carescapes* explores the relationship between policies and services related to care as determined by nation state, local government and employers (McKie *et al* 2008, Bowlby *et al* 2010). A particular carescape provides the context for individual caringscapes. The policies and services in a carescape might include formal care services, housing, transport provisions and public open space as well as legislation and employers' rules relating to such issues as rights for carers to flexible hours of work. The people providing these services may be influenced in their labour by work intensification, privatisation, trends in benefit and taxation policies, and changing ideas and discourses concerning care provision and the 'deserving citizen'. Their behaviours are also an important ingredient of the carescape. Thus, developing an analysis of the trajectory of change of a particular carescape requires examination of exchanges over space and across time of political and social ideas about care as well as of material changes in services and infrastructures. Globalisation and privatisation mean that many changes are driven by the restructuring of large international corporations, financial flows and also regulation and encouragement of flows of migrant workers to provide care. More local political considerations at the scale of the nation, region or city may also be involved. The idea that the impact of large scale shifts in economic and social relationships will vary locally in response to varying localised political, employment and care cultures is relevant here.

Changing networks of care support

Before we outline the ecological framework in our final section, we examine here the different actors, institutions and social rules involved in care support.

Informal carers rarely care entirely alone. They must interact with various formal care providers such as medical staff, domiciliary carers, paid childcare workers, and school staff – what Milligan (2000) terms 'supportive networks'. In the UK these paid carers may be working for state or private institutions or third sector, not-for-profit providers. Informal carers also often draw on the help of friends and family to make good 'gaps' in the care they or others can provide to the person or people they care for. In considering how people may be reacting to changes and declines in formal care services and resources we suggest that we need to consider how informal

carers' use of both networks of friends and family and supportive networks may affect their reactions to current austerity policies.

Reciprocation

Caringscapes focuses on individual caring journeys through the lifecourse. However, such journeys are not made alone. Most individuals rely on 'help' from their 'personal communities' (Spencer and Pahl 2006) - i.e. other family members, friends and work colleagues - to share some of the tasks and emotional pressures of caring for children, young, older and sick or disabled people. This 'help' may, or may not, sit alongside assistance from formal state, voluntary or private services. Feelings of love, social obligation, burden, stress, and the constant evolution of rules of reciprocation, underlie patterns of sharing informal care and are important features of caringscapes. Three concepts outlined below are particularly helpful: 'asking rules', 'entrainment' and 'care accounts'. They will strongly influence the ways in which people react to declines in formal care services. But it must also be remembered that social rules of informal care can change under pressure of major changes in mortality, the economy, or the governance of care provision (Robson *et al* 2006, Coe 2016, Lister 2003).

Exchanges of informal care are often needed because of long or short-term time-space discontinuities in the ability of a carer to perform care. The ways in which people respond to such challenges are structured by social expectations and rules governing reciprocation and the ability to respond will vary between social groups. In exploring the everyday practices by which people meet their need for childcare in America, Hansen (2004: 435) found that the 'practice of interdependence' varies between families with differing incomes, types of social network, social class contexts and varied partnership and relative relationships. The 'asking rules' for support were similar but the resources for providing support differed. The 'asking rules' also involved participants making nuanced social judgements which were highly context specific. For example, the asking rule that 'In order to ask a favour related to childcare, you have to be close' involves determining who is 'close'. As Hansen says: "Close" can imply degree of kinship, trust, proximity, or emotional connection, or some combination thereof.' (Hansen 2004: 431). Those with small networks, or small local networks, and limited financial resources tended to face the most difficulty in mobilising help or to be most vulnerable to disruption in their support networks. As

with many researchers Hansen notes that it continues to be women scripting these rules and activating family and friendship groups into action to provide care. Hansen also notes that the asking rules are likely to be different for different forms of care.

Socially expected intergenerational reciprocity where adult children 'repay' their parents' earlier care by caring for them in old age is widespread in many cultures. It is of particular significance in places without a state funded or large scale private industry providing care for elderly people. Here Coe (2016, 38) has defined 'entrainment' as the synchronization of lifecourses with the 'developmental and ageing pathways of others' (Coe 2016, 37). She develops the term to describe the ways in which Ghanaian families coordinate care across the temporalities of the life course. Women family members are central to entrainment since their responsibilities for care for other relatives is presumed, not least as most continue to earn less than male relatives. Coe (2016, 44) documents how migrant women accept and engage in entrainment across continents and reflect on the temporalities of familial care; working in another country can come to an end suddenly if care is required. The 'synchronization of life courses' may require spatial as well as temporal co-presence.

Reciprocity may not involve the direct provision of care but rather of 'covering' other demands on a carer's time-space schedule. Raw and McKie (2017) examined how women working part-time in a variety of food retail shops developed informal ways to secure cover and support at work for informal care outside the workplace. This included swapping shifts and covering lunchbreaks to facilitate each other's caring and other responsibilities. Informal regulation allowed the women to ensure some long-term equity in who took and gave swaps and also governed the purposes for which swaps could be requested. Raw and McKie named this informal system 'care accounts'. They note that such swaps were not readily available to retail managers who carry the responsibility to maintain opening hours. This discouraged woman from seeking promotion. Women valued the apparent control over aspects of their working time but were also ensnared in low paid work.

Linking formal and informal care

Informal carers may use paid formal carers to carry out tasks they cannot perform either because they need time and space to do other things – paid work, leisure, respite - or because of a lack of appropriate skills. Likewise, the availability and effectiveness of formal care provision can depend on informal carers being available to link formal care episodes together.

Here we highlight two features of the relationships between informal and formal care workers. Firstly, the significance of the socio-economic and emotional relationship between formal and informal carers. Issues linked to power, territoriality, emotion work and bodily intimacies are often significant (Milligan 2005, Twigg 2000). But despite tensions and conflicts between them, in some circumstances formal carers may exceed their job descriptions to perform ‘informal care’ creating increased time-space, economic and emotional pressures for themselves. Both formal and informal carers may sometimes act in support of one another – for example, where cuts in care provision becomes too great for informal carers to cope or where formal carers experience job intensification, cuts in real wages or job losses. These overlaps of interest provide one potential source for the development of new arrangements for caring.

Secondly, it is important to remember that paid care workers may also have informal caring to be done. As has been widely documented, employing a paid care worker may involve that carer relying on the informal care of others. Thus, we have global and local care chains (Hochschild 2001). Many of these exchanges reflect growing dependencies across the global north on the delivery of paid care by migrant workers. At the same time the caring previously done by those workers in their home countries is taken on by other family members and is only partly ‘paid for’ through remittances (Parrenas 2005). Similar effects can also be experienced by non-migrant paid care workers who can find it difficult to fit in their own caring obligations with their paid care work. Time-space difficulties in meeting these obligations are a significant factor in the high turnover amongst paid care workers (Timewise Foundation 2017).

Voluntary organisations and activists

Increased pressure to provide informal care may be spread through individuals’ personal communities, through informal exchanges of support. This reaction may

promote individual resilience for some but is limited by resources, including the time available to members of the network. A further possibility is that various forms of communal organisation and re-organisation are possible creating changes in the carescape. Such developments may be initiated by an individual (e.g. Carers UK (Cook 2007)) or through changes within existing organisations that may lead to new ways of providing care.

At the local level, branches of national voluntary organisations, local voluntary organisations, local volunteers and activists have long been active in campaigning to improve or retain particular care services. However, cuts in funding, pressures to avoid criticism of government funders and legitimise limits on lobbying have reduced the potential of such activities (Milbourne and Cushman 2015). However, the closure or reduction of care services or reduction in service availability has involved job loss for many people who were previously engaged in providing paid care. Reactions of grief or anger amongst care workers and their clients may lead to new forms of community based activity and political activism as well as smaller, often innovative, developments to co-produce informal and formal care relationships in new ways and places (Baines and van den Broek 2017).

Recent research documents for particular services how closure or reduction has led to care taking place in new circumstances, sometimes involving more informal carers and sometimes finding new sources of care in apparently unlikely places – for example allotments, cafes, museums (Power and Hall 2017; Power and Bartlett 2017; Munro 2013). Power and Hall (2017:8) comment: ‘Underpinning these ordinary and unconventional spaces of care are delicate and precarious networks of support from advocates, community allies, volunteers and friends’. While recognising that such moves may not create new political possibilities (Youdell and McGimpsey 2015), we need to search out their potential to suggest new ways of caring that puts those cared for in more powerful positions and which may result in further, positive changes to carescapes and caringscapes.

Care ecology: a framework for analysis

Changes in carescapes necessitate changes in caringscapes but also changes in the latter - perhaps resulting from changes in gender roles, in ideas about how care should be done or in changes in the daily demands of employment – will result in

pressure for alterations in carescapes. In this section we explore in more detail how these relationships might be conceptualised and invoke the idea of ecology to do so.

The term ecology derives from the Greek 'oikos' (home or dwelling) to describe the study of the complex relationships between organisms within a particular 'dwelling' or environment. Geographers may associate the term with the much-criticised distinction between the biotic and social made by the Chicago School of urban ecology. Less reductionist uses, however, have been made of the central idea that there are dynamic processes of interaction between 'environments' and 'organisms'. For example, Jessop (2000) uses the idea of the ecological dominance of a particular species to explore the possible increasing dominance of a globalising capitalist economy. Huynh and Alderson (2009) use ideas of 'human ecology' in the context of nursing while Raw (2013) uses it to refer to the ecology of community based participatory arts practice.

A central tenet is that these relationships are not one-way but that changes in organisms influence the 'environment' as well as vice versa. Such changes often follow complex and dynamic chains of causality since the 'environment' for any particular organism is formed by other organisms as well as by a multiplicity of physical properties. We assert that utilising the metaphor of ecology can aid researchers to move beyond defining and describing conceptual frameworks – in this case caringscapes and carescapes – to identify how these both differ and interweave.

Thus we are utilising the metaphor of ecology to stress the complex interactions between individuals' caringscapes and the 'carescape' within which they find themselves. Individual actions, which may be political demands or shifts in behaviour, will influence the resources and services provided and vice versa.

Bronfenbrenner's bio-ecological theory of human development (Bronfenbrenner 2005) advocated carefully specifying and studying the interactions between relevant proximal processes, the individual and the context over time – the Process-Person-Context-Time (PPCT) model of how to conduct research. 'Proximal processes' are individuals' habitual interactions within specific sites. He conceived the 'context' as a combination of spaces and interactions over different scales. Time appears in relation to the duration, rhythm and repetition of interactions within and between these different spaces. Bronfenbrenner also talked of the 'chronosystem' to refer to

major socio-economic changes – such as economic recession or boom or major changes in political institutions and governance - which may create long-term, cohort effects in individual development. The value of using this sort of ecological thinking to aid research on caringscapes and carescapes (rather than individual human development) lies in its emphasis on the need to specify, through empirical and theoretical exploration, significant proximal processes relating to care acts and exchanges, ‘context’ and possible dynamic interactions between these elements. Bronfenbrenner conceived of the ‘context’ or ecological environment ‘as a set of nested structures, each inside the other like a set of Russian dolls’ (Bronfenbrenner 1979: 3) further emphasising the interweaving of relationships between layers. Add to this time, timing and the imperative to consider care over the life course, and Bronfenbrenner’s Process-Person-Context-Time model informs research design. It also moves us to an ‘explicit acknowledgement that processes of development involving an interplay of person and environment necessarily takes some degree of time’ (Rosa and Tudge 2013:256).

However, an important limitation of Bronfenbrenner’s approach, at least as it is often interpreted, is the implication that the spaces of interaction are neatly nested within one another in material space. We prefer a messier, networked picture of interactions in tune with the ‘relational turn’. Moreover, we note that spaces of interaction relevant to care may be material spaces but can also be ‘virtual spaces’. In a ‘carescape’ important material or virtual spaces or sites will be those in which or through which particular care services are delivered, as well as features of the built environment which influence people’s ability to deliver care to others or to care for themselves – such as transport, housing, open spaces, streetscapes. But discourses concerning who should care and how are also of great importance – ideas spread through a wide variety of networked media and symbols as well as in face-to-face encounters.

Conclusions

The provision of care services and infrastructure as well as the ‘cultures of care’ within any particular area are, of course, strongly influenced by local and national political relationships, structures and ideologies as well as by features of the local economy and society. There is certainly no shortage of theoretical and empirical literature exploring such relationships including research on the political economy of

changes in the provision of care services and in so-called work-life balance (e.g. Youdell and McGimpsey 2015, Rubery 2015, Fraser 2016). We are advocating that empirical research should situate care services and resources as part of a large, dynamic ‘carescape’ and explore how the combined impacts of changes to these affect individual caringscapes and ongoing individual and group reactions to these changes. We suggest in order to better understand the unfolding implications of the current care crisis for informal carers we need to start by examining the changes being experienced in individual caringscapes and use this information to focus on analysing the socio-economic processes bringing about these particular changes. We need to foreground the immediate experiences of informal carers but also pay particular attention to how their responses, over varying timescales, may affect practices of reciprocation, the interdependencies between formal and informal caring work, and the reactions of voluntary organisations and activists and thus effect long term changes in care practices. Adopting an ecological framework would enhance the potential for research and policy to appreciate the multiple and varied ways in which care interweaves across our lives as both carer and cared for.

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